

EFT DEBIT REF. NO: _____ HOLDER TYPE CODE: _____ REMITTANCE TYPE: _____
[SCO USE ONLY]

ANNUAL REPORT OF UNCLAIMED PERSONAL PROPERTY

BUSINESS YEAR END ____/____/____

REPORT DUE BEFORE: 11/01/1999

A. EMPLOYER IDENTIFICATION NO. ____ - ____ **BRANCH NO.** ____

B. NAME OF HOLDER: _____
STREET ADDRESS: _____
P.O. BOX NUMBER: _____
CITY: _____ **STATE:** _____ **ZIP:** _____ - _____ **COUNTRY:** _____

ADDRESS INQUIRIES ON THIS REPORT TO:

NAME: _____ **TITLE:** _____ **PHONE NO.** ____ - ____ - ____ **EXT.** _____

C. THE FOREGOING ADDRESS IS THAT OF: MAIN OFFICE # _____ BRANCH # _____
IF INCORPORATION, STATE OF INC: _____ DATE OF INC.: ____/____/____

D.	TOTAL FOR ACCOUNTS:	\$50.00 AND OVER	\$ _____.
		\$50.00 AND OVER WITHOUT NAMES	\$ _____.
		\$49.99 AND UNDER	\$ _____.
		GRAND TOTAL	\$ _____.
		TOTAL SHARES	_____.

E. TYPE OF ORGANIZATION SIC CODE: _____
(FINANCIAL INSTITUTIONS, CHECK ONE AND PLEASE SUPPLY THE CHARTER DATE)
FEDERAL: _____ DATE: ____/____/_____ STATE: _____ DATE ____/____/_____

F. IF YOU ARE THE SUCCESSOR TO A PREVIOUS HOLDER OF PROPERTY, OR IF YOU HAVE CHANGED YOUR NAME, PLEASE LIST SUCH PRIOR NAME BELOW:

G. IF YOU ARE REPORTING FOR A HOLDER OF UNCLAIMED PROPERTY, PLEASE PROVIDE THE FOLLOWING INFORMATION:

REPORTING AGENCY: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ - _____ **COUNTRY:** _____

H. VERIFICATION: If made by an individual, shall be verified by the individual; if made by a partnership, by a partner; if made by an unincorporated association or private corporation, by an officer; if made by a public corporation, by its chief fiscal officer or other employee authorized by the holder (Section 1530 (e) CCP).

The undersigned, _____ declares, under penalty of perjury, that, to the best of (his) (her) knowledge and belief, the following sheets contain a full, true and complete report of unclaimed property which is presumed unclaimed under the provisions of Part 3, Title 10, Chapter 7, Code of Civil Procedures -- commencing with Section 1500, and Title 2, California Administrative Code, Sections 1150 et seq.

SIGNATURE: _____ **TITLE:** _____ **DATE:** _____